

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015481	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2013
NAME OF PROVIDER OR SUPPLIER ILLINOIS VETERANS HOME AT LASALLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1015 O'CONNOR AVENUE LA SALLE, IL 61301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<p>COMMENTS</p> <p>Original complaint investigation of complaints 1320873/IL61943 and 1321417/IL62582.</p> <p>The Illinois Veteran's Home of Lasalle is in compliance with the Illinois Veteran's Home code (77 Illinois Administrative Code 340) for this survey.</p>	Z 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE